

☒ **REPORT OF LOBBYIST EMPLOYER**

(Government Code Section 86116)

1/5

or

☐ **REPORT OF LOBBYING COALITION**

(2 Cal. Code of Regs. Section 18616.4)

FORM 635
1993

IMPORTANT: Lobbying Coalitions must attach a completed Form 635-C to this Report.

REPORT COVERS PERIOD FROM 04/01/2010 **THROUGH** 06/30/2010

CUMULATIVE PERIOD BEGINNING 01/01/2009

TYPE OR PRINT IN INK

For information required to be provided to you pursuant to the Information Practices Act of 1977, see [Information Manual on Lobbying Disclosure Provisions of the Political Reform Act](#).

FOR OFFICIAL USE ONLY

A AMENDMENT 001

B

NAME OF FILER:

AMERICAN CIVIL LIBERTIES UNION/NORTHERN CALIFORNIA/SOUTHERN CALIFORNIA/SAN DIEGO & IMPERIAL COUNTIES

BUSINESS ADDRESS: (Number and Street)

(City)

(State)

(Zip Code)

TELEPHONE NUMBER:

SACRAMENTO

CA

95814

PART I - LEGISLATIVE OR STATE AGENCY ADMINISTRATIVE ACTIONS ACTIVELY LOBBIED DURING THE PERIOD

(See instructions on reverse.)

☒ If more space is needed, check box and attach continuation sheets.

SUMMARY OF PAYMENTS THIS PERIOD

A. Total Payments to In-House Employee Lobbyists (Part III, Section A, Column 1)	\$	<u>60589.00</u>
B. Total Payments to Lobbying Firms (Part III, Section B, Column 4)	\$	<u>0.00</u>
C. Total Activity Expenses (Part III, Section C)	\$	<u>0.00</u>
D. Total Other Payments to Influence (Part III, Section D)	\$	<u>22350.00</u>

GRAND TOTAL (A + B + C + D above)	\$	<u>82939.00</u>
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E. Total Payments in Connection with PUC Activities (Part III, Section E)	\$	<u>0.00</u>
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F. Campaign Contributions: ☐ Part IV completed and attached ☒ No campaign contributions made this period

VERIFICATION

I have used all reasonable diligence in preparing this Report. I have reviewed the Report and to the best of my knowledge the information contained herein and in the attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on (Date)
07/14/2010

At (City and State)
SAN FRANCISCO CA

By (Signature of Employer or Responsible Officer)
MS. BONNIE ANDERSON

Name of Employer or Responsible Officer (Type or Print)
MS. BONNIE ANDERSON

Title
FINANCE & ADMINISTRATIVE DIRE -
CTOR

PERIOD COVERED: 04/01/2010 06/30/2010NAME OF FILER: AMERICAN CIVIL LIBERTIES UNION/NORTHERN CALIFORNIA/SOUTHERN CALIFORNIA/SAN DIEGO
& IMPERIAL COUNTIES**PART II - PARTNERS, OWNERS, AND EMPLOYEES WHOSE "LOBBYIST REPORTS" (FORM 615) ARE ATTACHED TO THIS REPORT** (See instructions on reverse.)

Name and Title	Name and Title
Employee FRANCISCO LOBACO LOBBYIST	Employee VALERIE SMALL-NAVARRO LOBBYIST
Employee TIFFANY MOK LOBBYIST	

☐ If more space is needed, check box and attach continuation sheets.
PART III - PAYMENTS MADE IN CONNECTION WITH LOBBYING ACTIVITIES

A. PAYMENTS TO IN-HOUSE EMPLOYEE LOBBYISTS (See instructions on reverse. Also enter the Amount This Period (Column 1) on Line A of the Summary of Payments section on page 1.)	(1) Amount This Period	(2) Cumulative Total To Date
	\$ 60589.00	\$ 362845.00

B. PAYMENTS TO LOBBYING FIRMS (Including Individual Contract Lobbyists)

Name and Address of Lobbying Firm/Independent Contractor	(1) Fees & Retainers	(2) Reimbursements of Expenses	(3) Advances or Other Payments (attach explanation)	(4) Total This Period	(5) Cumulative Total to Date

☐ If more space is needed, check box and attach continuation sheets
TOTAL THIS PERIOD (Column 4)Also enter the total of Column 4 on Line B of the
Summary of Payments section on page 1.

\$ 0.00

PERIOD COVERED: 04/01/2010 06/30/2010NAME OF FILER: AMERICAN CIVIL LIBERTIES UNION/NORTHERN CALIFORNIA/SOUTHERN CALIFORNIA/SAN DIEGO
& IMPERIAL COUNTIES**C. ACTIVITY EXPENSES** (See instructions on reverse.)

Date	Name and Address of Payee	Name and Official Position of Reportable Persons and Amount Benefiting Each	Description of Consideration	Total Amount of Activity
			\$	\$

☐ If more space is needed, check box and attach continuation sheets.

 TOTAL SECTION C (Activity Expenses)
 Also enter the total of Section C on Line C of
 the Summary of Payments section on page 1.

\$ 0.00

D. OTHER PAYMENTS TO INFLUENCE LEGISLATIVE OR ADMINISTRATIVE ACTION
☐ NOTE: State and local government agencies do not complete this section. Check box and complete Attachment Form 640 instead.

 1. PAYMENTS TO LOBBYING COALITIONS (NOTE: You must attach a completed
 Form 630 to this Report.)

\$ 0.00

\$ 22350.00

2. OTHER PAYMENTS

 TOTAL SECTION
 D (1 + 2) Also
 enter the total of
 Section D on Line
 D of the Summary
 of Payments
 section on page 1.

\$ 22350.00

E. PAYMENTS IN CONNECTION WITH ADMINISTRATIVE TESTIMONY IN RATEMAKING PROCEEDINGS BEFORE THE CALIFORNIA PUBLIC UTILITIES COMMISSION
 Also, enter the total of Section E on Line E of the
 Summary of Payments section on page 1. (See instructions on reverse.)

\$ 0.00

PERIOD COVERED: 04/01/2010 06/30/2010NAME OF FILER: AMERICAN CIVIL LIBERTIES UNION/NORTHERN CALIFORNIA/SOUTHERN CALIFORNIA/SAN DIEGO
& IMPERIAL COUNTIES

PART IV -- CAMPAIGN CONTRIBUTIONS MADE (Monetary and non-monetary campaign contributions of \$100 or more made to or on behalf of state candidates, elected state officers and any of their controlled committees, or committees supporting such candidates or officers must be reported in A or B below.)

- A. If the contributions made by you during the period covered by this report, or by a committee you sponsor, are contained in a campaign disclosure statement which is on file with the Secretary of State, report the name of the committee and its identification number, if any, below.

Name of Major Donor or Recipient Committee Which
Has Filed A Campaign Disclosure Statement:

Identification Number if
Recipient Committee: _____

- B. Contributions of \$100 or more which have not been reported on a campaign disclosure statement, including contributions made by an organization's sponsored committee, must be itemized below.

Date	Name of Recipient	I.D. Number if Committee	Amount
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$



If more space is needed, check box and attach continuation sheets.

NOTE: Disclosure in this report does not relieve a filer of any obligation to file the campaign disclosure statements required by Gov. Code Section 84200, et seq.

TEXT ANNOTATION

PAGE 1

Schedule F635

Reference No:

AB 15 AB 482 AB 589 AB 633 AB 1443 AB 1455 AB 1492 AB 1680 AB 1723 AB 1725 AB 1756 AB 1763 AB 1775 AB 1822 AB 1839 AB 1 -
844 AB 1854 AB 1858 AB 1900 AB 1963 AB 1976 AB 2034 AB 2055 AB 2068 AB 2112 AB 2135 AB 2141 AB 2159 AB 2199 AB 2208 AB -
2229 AB 2232 AB 2262 AB 2322 AB 2330 AB 2364 AB 2372 AB 2410 AB 2440 AB 2460 AB 2567 AB 2580 AB 2590 AB 2631 AB 2700 AB
2727 AJR 19 AJR 32 SB 282 SB 381 SB 438 SB 782 SB 810 SB 834 SB 837 SB 892 SB 1026 SB 1029 SB 1055 SB 1111 SB 1140 SB 1 -
141 SB 1166 SB 1168 SB 1204 SB 1265 SB 1285 SB 1268 SB 1277 SB 1317 SB 1331 SB 1347 SB 1364 SB 1411 SB 1419 SB 1428 SB -
1451 SB 1452 SB 1460 SB 1487 SB 1499 Budget Issues: Prop 36 Funding Dept. of Social Services Trailer Bill Language limiting rights
of claimants for public benefits Transportation CHP License Plate Recognition technology request Corrections Budget issues Emerge -
ncy Repair Program Funding Statewide Finger Image System County Court School Funding Dept. of Social Services IHSS Dept. of S -
ocial Services DMV identity of food stamp applicants